The ABCs of Sex Education:

Kufanya Uamuzi Bora (*Making Wise Decisions*)

www.abcsofsex-ed.org

Copyright © 2015, The ABCs of Sex Education. All rights reserved. Any part of this guide may be photocopied or adapted without permission, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to The ABCs of Sex Education and African Childrens Haven.

The ABCs of Sex Education is a not-for-profit sex education organization that teaches a behavior change curriculum in Kenya.

Kathy Tate-Bradish, Founder and Executive Director, kathy@abcsofsex-ed.org
Phylis Nasubo Magina, Kenya Managing Director, phylis@abcsofsex-ed.org
www.abcsofsex-ed.org
Facebook: www.facebook.com/KufanyaUamuziBora
Twitter: https://twitter.com/ABCsofSexEd

An affiliate of African Childrens Haven: www.africanchildrenshaven.org

WELCOME! Karibu!

Welcome to the ABCs of Sex Education. Use this manual as a reference guide and workbook. You will have your own personal style when you teach about sexual health, and you can use this as a guide to help you be sure that you cover all of the important materials correctly and thoroughly. This is a knowledge- and skills-based curriculum. The role-plays, games, and demonstrations are the most important (and fun!) parts of developing skills for our audiences.

Feel free to take notes in your book. After teaching, or when watching others teach this material, you may come up with new ideas to use. Be sure to write them down! Sometimes teaching ideas do not work, and make a note of that, too. Be sure to ask other team members for ideas, advice, and help when you need it.

If you are speaking to a group of adults, you can explain that you will teach some of the information to them the way you would teach it to young people. This will help them decide how they could talk about the subject with their own children or grandchildren, and let them see that it really is not too embarrassing to talk about. Embarrassing, but not *too* embarrassing! We are not judgmental. We talk about risky behaviours and safe behaviours, not good and bad, and especially not good and evil. This helps our audiences be open with us, and builds trust.

Use your training tips and think about how you want to present the lesson. For example, when you ask a question, give the class a chance to answer it. Wait a bit; do not be impatient to move on. Generally, if you encourage your students, they will come up with many of the answers. If you hear good questions, interesting stories and creative answers, try to write them down in your notes afterwards so you can use them in a later class.

In the following pages “Rafiki” refers to your supplemental booklet “Rafiki kwa Rafiki”, and “Tuko” refers to your booklet “Tuko Pamoja”.

After you complete this program, you will be an educator in your community, teaching the critical topic of sexual health and responsible decision-making. You must hold yourself to the highest and most scrupulous standards of honourable behaviour. If you cannot do that, please do not teach this program. If any of us are seen making irresponsible choices, particularly about sex, drinking or drug abuse, we dishonour ourselves and undermine our program. None of us are perfect, but we are teaching by word and example the importance of responsible decision-making. We must be role models. If we cannot, then this program is not one that we can teach.

Congratulations! You are doing such important work.

Kathy Tate-Bradish
Executive Director

Phylis Nasubo Magina
Managing Director, Kenya

TABLE OF CONTENTS

PAGE	TOPIC
1	HIV/AIDS
7	Living Positively
9	Reproductive Anatomy
11	How to Stay Safe – Abstain
18	How to Stay Safe – Be Faithful
20	How to Stay Safe – Use Condoms
24	Condom Instruction Checklist
25	Glossary
35	Appendix
35	Possible Ground Rules
36	Discussion Diagrams
38	Teaching Tips
41	Teaching With A Partner
42	Teaching Skills Checklist
43	Presentation Checklists
44	Sample 2-Hour Lesson Plan
45	Longer Sample Lesson Plan
46	Observer Checklist
47	Female Sexual Anatomy (Internal)
48	Female Sexual Anatomy (External)
49	Male Sexual Anatomy
50	Protein
51	Breastfeeding
52	Chart on HIV Prevalence

1. HIV/AIDS

A. BACKGROUND (Rafiki p. 5 – 20; Tuko p. 114 – 123)

HIV – human immunodeficiency virus (*Virusi vya UKIMWI*)
AIDS – acquired immunodeficiency syndrome (*UKIMWI*)

When someone contracts HIV, their immune system (antibodies produced by white blood cells) cannot fight the virus. The amount of virus in the bloodstream (viral load) is very high. Slowly the antibodies begin to fight the virus, and the viral load goes down while the number of HIV-fighting antibodies goes up. When the viral load is high the person is very contagious. When the viral load goes down, the person is less contagious (but still contagious). Most HIV tests test for antibodies, which is why the test may be negative at first – there aren't enough antibodies fighting the virus to be detected. That is why it is usually recommended to wait about three months after unprotected sex to get the test.

HIV is the virus. There is no cure yet for HIV, but when we first get HIV we do NOT have AIDS. AIDS develops after someone has had HIV for a while – it can take many years. Only a doctor can diagnose someone with AIDS. The immune system of a person with AIDS can no longer fight off infection, and that person becomes sick with whatever they are exposed to – pneumonia, TB, bad colds and flu, typhoid, cholera, malaria and diarrhea, etc. (Of course, having these illnesses does NOT mean that the person has HIV.) People die of illnesses that their body no longer has the ability to fight.

When someone is diagnosed with HIV, they don't have AIDS unless they are at this later stage of illness. Some people have been HIV positive since 1985 and they don't have AIDS yet.

As teachers, it is very important that we say HIV when that is what we mean.
SOMEONE WHO GOES IN FOR AN HIV TEST AND TESTS POSITIVE DOES NOT HAVE AIDS - THEY ARE HIV POSITIVE.
It can be helpful to correct people who say that someone has *ukimwi* when actually they are only HIV positive- *virusi vya ukimwi*.

Africa has about 2/3 of all of the HIV positive people in the world. It is the only continent with more women than men who are HIV positive. It is also the only continent where the epidemic also exists among the general population of men and women having heterosexual sex.

Other than in Africa, the number of HIV positive people is only in epidemic proportions among people who engage in one or both of the following two behaviours.

1. People who share needles to inject drugs, such as heroin.
2. Men who have sex with men.

People who engage in those behaviours in Kenya do have high rates of HIV, but the infection rate is also of epidemic proportions within the group of men and women who only have sex with the opposite gender.

This makes it very important for our students to understand reproductive anatomy, since engaging in unprotected heterosexual sex is how most of the HIV in Kenya is spread.

Q: What are some possible reasons that there is an HIV epidemic among heterosexual men and women in Kenya? Why do relatively few men and women in the West who only engage in heterosexual sex have HIV? (Some do, of course!) (*Don't teach this, lead it as a discussion.*)

A:

7) In Kenya, condom use is less frequent than in the West. When they are used they are more often used incorrectly.
8) In Kenya, many people have more than one sexual partner at a time (concurrent sexual relationships)– this is also true in the West, but is less common.
9) Certain cultural practices such as polygamy and wife inheritance contribute to the spread of HIV. For example, if a woman's husband has died of AIDS, and she is inherited by a brother-in-law, she almost certainly is HIV+ and will bring HIV to her new husband and from him to all co-wives. If any one person in a polygamous marriage has HIV, he or she can bring it to everyone else in the marriage. Other cultural practices, such as ritual circumcision of a group of boys with one knife, family members shaving heads as part of the funeral for a loved one using the same blade, sex before planting, etc., can contribute to the spread of HIV.
10) Poor health contributes to the likelihood of developing HIV if exposed. People who are ill or malnourished are more likely to become HIV+ if they have unprotected sex with someone who is HIV+, than is someone who is well-nourished and healthy. In Kenya there are more serious illnesses (malaria, TB, STDs, typhoid, cholera, etc.) than in the West, and more malnutrition, therefore people are more likely to contract HIV.
11) Certain physical conditions can make it more likely that someone will become HIV+ if they have unprotected sex with someone who is HIV+. Sores from STDs can allow the virus to enter the bloodstream more easily. Also, if the woman's vagina is dry, either because she isn't ready to have sex (no foreplay!) or because she has purposely dried her vagina, the vaginal walls will tear more easily and the HIV in the man's semen can more easily enter her bloodstream through tears in the vaginal skin.
12) HIV is a poverty-driven disease in Africa. With a lack of economic choice, lack of jobs, lack of good education, lack of food, people who live in abject poverty sometimes feel driven to making short-term decisions (sex in exchange for food, sanitary pads, school fees . . .) that have bad long-term health consequences.

1) A further economy-driven contributor to the spread of HIV is the large number of couples who live apart because of the shortage of jobs. For example, often one partner, usually the husband, will move from the farm to a city for cash employment, and the cost of transport keeps them from being able to see each other regularly. Married teachers often find themselves with jobs in different cities. Police and military are often posted far from their families. This can lead to unfaithfulness and multiple partners.
2) Lack of facilities for appropriate treatment of patients who are HIV+ can contribute by not keeping patients' viral loads low. Lack of clinics, but also lack of gloves, new needles, counseling, antibiotics against opportunistic infections, etc., means that it can be more difficult for people living with HIV to manage their viral load. Some Kenyans blame part of the problem on corruption – money staying in someone's pocket, rather than being spent on clinics and supplies where it was intended.
3) Sometimes people don't use available clinics and hospitals.
    a. Stigma- fear to be seen going in
    b. Distance- time and money
    c. Bad attitude of health care workers
    d. A feared lack of confidentiality
4) A few people still have the desire to purposely infect others. ('I don't want to die alone")
5) Gender inequality, and power differences in relationships: For example, women who report having less power in their relationships than their male partners have higher rates of HIV infection, and men who stick to traditional ideas of masculinity are less likely to use condoms.
6) When younger girls and women have sex with older men (for example, transactional sex), they are exposing themselves to men with higher HIV rates than men their own age.

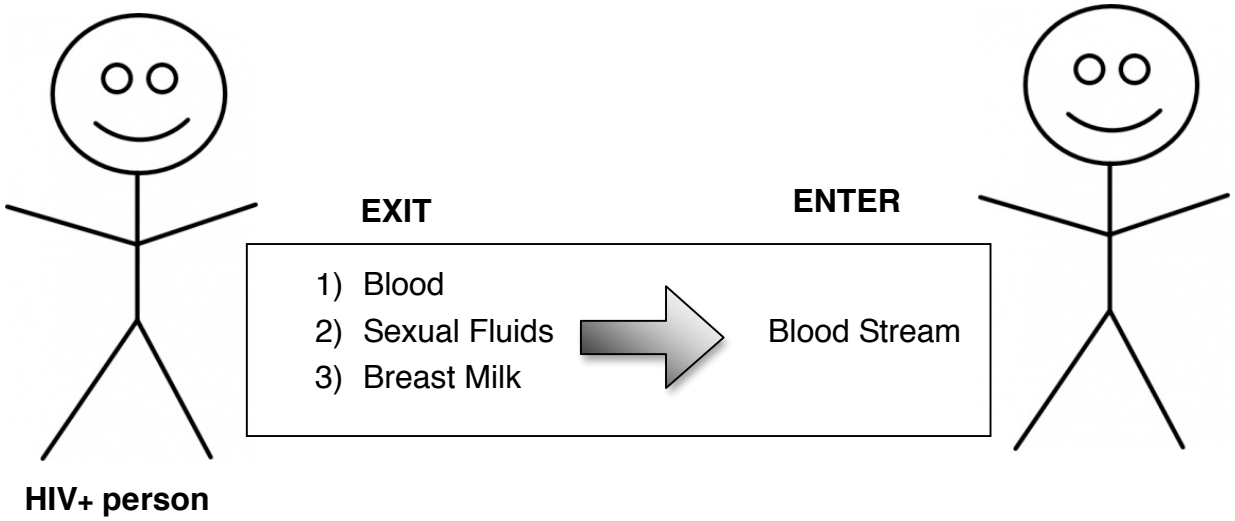
B. ABOUT HIV

Q: Where is HIV found? In an infected person the virus is found in:

A: 1) Sexual fluids – semen and vaginal fluids *(vaginal, not virginal, a common mistake)*
2) Blood
3) Breast milk

Q: How is HIV transmitted? (*It must get into your bloodstream.*)

The virus must leave the infected person's body in one of the 3 fluids, and enter the other person's blood stream, in order for the second person to become infected.



Q: How is HIV transmitted?

A: 1) Unprotected sex with a partner who is HIV+ [sexual fluids to blood]

2) Blood to blood
   a. Contaminated needles (reusing a needle when the previous user was HIV+)
   b. Needle-sharing drug abusers (heroin)
   c. Touching HIV+ blood in a way that it can get into your bloodstream, such as:
      1. having a cut on your hand and touching infected blood
      2. traditional ritual circumcision ceremonies re-using one knife
      3. head-shaving of family members of the deceased prior to a funeral, using a shared razor
   d. (Blood transfusion with contaminated blood – This is very, very rare today because blood supplies are screened well now.)

3) Mother-to-child
    a. In utero (while the baby is in the uterus, if there is a problem with the placenta) [blood to blood]
    b. At birth (If the baby and mother both bleed and the mother's blood gets into the baby's bloodstream; there may be implications regarding the timing of clamping and cutting the umbilical cord) [blood to blood]
    c. Breastfeeding (a 5% - 20% chance of infection if the baby was still negative at birth) [breast milk to blood]

What should the mother do? Breastfeed or use formula?

- Formula is costly and the water supply might be contaminated.
- If the mother is taking ARVs, and is drug compliant, the baby is very safe from HIV and scientists recommend that the mother should breast feed if she can.
- Even if the mother isn't on ARVs, if she can't afford enough formula, or if the water supply is contaminated, scientists recommend she should still breastfeed. She must breastfeed exclusively! (see p. 50)
- Cow's milk is not good enough nutrition for human babies—it has the wrong balance of vitamins and minerals, and can bring on dehydration. (see p. 50)

There is no cure.

There is treatment. Antiretroviral therapy (ART) – the use of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV.

There have been trace amounts of the virus found in saliva, but there is NO documented case of HIV transmission through saliva. If there is HIV infected blood in the saliva, transmission might be possible.

How is HIV NOT transmitted?

coughing, sneezing, shaking hands, sharing food, bowls, cups, spoons, etc., kissing (there has never been a documented case of HIV caused by kissing, even wet/deep kissing – though if the HIV+ person has blood in her/his mouth, and the other person has open sores, it could be theoretically possible)

Probably NOT a good idea:

sharing toothbrushes. Because the bristles can cause tearing and bleeding of the gums.

C. OTHER SEXUALLY TRANSMITTED DISEASES (STDs)

(Rafiki p. 33 – 39; Tuko p. 133 – 138)

STD is used the same as STI – Sexually Transmitted Infection.

Is HIV the only sexually transmitted infection? NO!

Q: What are some other STDs? (refer to the chart in STD brochure for more details)

Some STDs are curable with antibiotics, although if not treated early, there may be life-long damage: (BACTERIAL STDs)

A:
1. Chlamydia
2. Gonorrhea
3. Syphilis
4. Trichomoniasis
5. Hepatitis B (Some people cannot be cured.)

Some STDs (like HIV) are treatable but not curable: (VIRAL STDs)

1. HPV and genital warts
2. Herpes
3. Hepatitis B (Some people can be cured)

Not all people with an STD will have any symptoms at first, but they are still contagious and can have damage later – with some STDs the infected person might become sterile, go blind, etc.

If someone already has an STD, they are more likely to get HIV if they have unprotected sex with an HIV+ partner.

If someone is HIV+, they are more likely to get another STD if they have unprotected sex with a partner with an STD.

What is the best protection against getting HIV or other STDs? ABSTENTION! Also good: being faithful to your partner who is faithful to you, and using condoms correctly.

Get tested at a VCT (Voluntary Counseling and Testing) or a hospital or clinic so you know your status. Why?

If negative, learn how to protect yourself and stay negative.

If positive, learn how to protect yourself and others, how to keep yourself healthy, and how to live positively.

LIVING POSITIVELY

If people have HIV, what can they do?

1. Take ARVs – Be compliant. (Explain what this means.) There are some very real reasons for non-compliance, and we should be prepared to brainstorm solutions. Some challenges to compliance:

   - ❖ lack of food
   - ❖ side effects
   - ❖ stigma
   - ❖ ARVs not available
   - ❖ lack of transport money
   - ❖ too sick to travel
   - ❖ unfriendly health workers – might have to wait for hours, or pay bribe

2. Eat a variety of healthy foods, especially protein. (see p.49 for more info)

Q: What foods are good sources of protein?

A:

- Milk, eggs, fish, all meats (goat, chicken, beef, pork, lamb) and soya are excellent sources of protein
- Beans, ground nuts (which are a legume), nuts, green grams, soy, lentils (dengu), moringa, seeds (sunflower, sesame, pumpkin, squash, etc.) are very good sources of protein
- Grains such as wheat, rice and maize have some protein, and there is also some protein in green leafy vegetables like spinach and sukumawiki
- Fruits and vegetables are also very very important

3. Always use a condom when they have sex to protect their partner, and to protect themselves against other strains of HIV and other STDs, which will increase their viral load and cause them to become sick more easily. Discordant couples should work with counselors and medical personnel.
4. Treat opportunistic infections immediately.
5. Seek counseling if the person is feeling depressed or hopeless.
6. Wash hands often. ABC song – "now I know my ABCs…"
7. Sneeze or cough into your elbow, not your hands, and teach others to do the same.
8. Avoid sick people (TB, flu, etc.).
9. Teeth – keep teeth and gums healthy. Brush gently at least two times a day. Floss or clean between the teeth with a small twig or piece of string, or a toothpick. If gums bleed, swish mouth with clean salt water. People with HIV are more likely to get mouth infections, so they must clean their teeth very carefully.
10. Sleep under a treated mosquito net, and take other precautions against mosquito bites. People who are HIV+ are more likely to get malaria and be sicker from it. Early evening is worst - wear long sleeves, trousers, socks (light colored clothing is better than dark).
    - Eliminate standing water on your property – depressions in the dirt, plastic containers, gutters, rain barrels
    - For some people, it works to eat garlic every day.
    - Use natural repellent if available – leaves from any of the following plants (Eucalyptus, Citronella, Cinnamon, Rosemary, Peppermint, Clove) can be used in any of the following ways:
    - Crush any of the above plants and rub on skin, especially on key areas like behind the ears and knees, inside the elbows, and on the ankles.
    - Crush leaves, pour boiling water over leaves, let steep like tea. Once cooled, strain if desired, and rub on skin.
    - If your skin is sensitive to the plants, try crushing a large handful of the plant inside a cloth then tying it around the neck.

2. REPRODUCTIVE ANATOMY

(Rafiki p 24 - 29; Tuko p. 19 - 28)

It is important to understand reproductive anatomy and reproduction so that we understand why we are so much at risk of getting HIV and other STDs when we have unprotected sex.

Q: What is unprotected sex?

A: Sex without a condom.

Q: What is sexual intercourse?

A: "Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Fellatio is oral sex performed on a man. Cunnilingus is oral sex performed on a woman.

Go through the anatomy chart. (You don't need to use every page. If you're going to skip pages, be prepared to pass over them smoothly.) USE ETR FLIP-CHART HERE.
(also: see appendix p. 46-48)

1. External male genitalia: uncircumcised and circumcised penis. Explain that vaginal fluids can get under the foreskin, giving the virus more time to penetrate the skin of the penis and get into the bloodstream. That's one reason why scientists now say that it's safer to be circumcised. Circumcised men can still get HIV, though. And all other STDs. The scrotum hangs down behind the penis. It holds the testes, which produce sperm.

2. Side view of male genitalia: There are 2 openings – penis (urethra) and anus. Sperm, made in the testes, go through vas deferens and out the penis. The bladder is also connected to the penis. A man cannot pee and have an erection at the same time.

3. Front view: See the sperm- they are not actually that big.

   Q: Do you know how many sperm a man ejaculates at one time?

   A: About 300 million!

4. Breast: Show milk glands. That's where breast milk is produced, and it contains HIV if the mother is positive.

5. Female external genitalia. From the top – clitoris: small bump, for sexual pleasure. Urinary opening: for urine. Vaginal opening: man's penis goes in here while having sex; this is also where the baby comes out; menstrual blood also comes out here.

6. Inside view of female: There are 3 openings - front is urinary opening; back is anus; middle is vaginal opening, which leads to the uterus through a small opening. This small opening is at the cervix, which only enlarges when the mother is about to give birth. Semen and sperm go through and menstrual blood comes out.

7. Menstrual cycle:

Starting with #2: There's an egg in the ovary, ready to come out. There's some blood building up in the wall of the uterus. (The uterus is about the size of a fist.)

#3 – The egg is just being released into the fallopian tube. There's more blood building up in the uterine walls.

#4 – The egg is traveling down the fallopian tube toward the uterus. More blood. That blood will become the first nutrition for the embryo as it grows.

#1 – If the egg gets to the uterus and it hasn't been fertilized with sperm, the blood and egg come out. This is what we call menstruating, or having a period. It usually lasts three to seven days.

8. Fertilization

- Show that the egg has become fertilized by a sperm. This cell will now copy itself, those two will copy themselves, those four will copy themselves, and so on, as it travels down the fallopian tube to the uterus. This will take about three to five days.
- If the egg has been fertilized, it will attach to the wall of the uterus and begin to develop. About nine months later the baby will be born.

HOW TO STAY SAFE

3. A • ABSTAIN (Tuko p. 82 – 85)

It is important to understand reproductive anatomy and reproduction so that we understand why we are so much at risk of getting HIV and other STDs when we have unprotected sex.

We can and should acknowledge that we know that some of the high schoolers (and even primary students) are already sexually active. We are not here to judge them, or tell them that they are bad or evil. We are here to give them the information they need to make safe choices for themselves.

"Abstain: to choose not to do something; to not have sex"

NOTE TO TEACHERS

DO NOT USE THE TERM "PLAY" SEX. It is more correct to say "have" sex or "engage in" sex (or sexual intercourse). Using the term "play" can suggest that the decision to have sexual intercourse is not serious. "Play" sex is also not the correct international English usage.

If teaching adults, especially married adults where it might not seem appropriate to teach that they should abstain, explain that this is how we teach to upper primary and high school students, and they could use these same ideas to talk to their own children. Stress that our students and other community members need both knowledge and skills.

Q: Why would someone choose to abstain from sex?
(Ask for possible answers from your class. You can suggest these if the students don't come up with them themselves.)

A:
- I want to finish my education.
- I don't want to risk an STD, including HIV.
- I don't want to risk an unwanted pregnancy; I don't want to have a baby.
- I am not in love with boyfriend/girlfriend. – I want to wait.
- Keep my good reputation
- Parents/teachers/religion/society teach abstention until marriage. I believe in that.
- Other: _____

_____

Q: Why can it be difficult to abstain?

A:
- Biology – We feel physically attracted.
- Partner pressures us – We do not want to lose him/her.
- Forced – rape or incest (It is important to point out that it is NEVER the fault of the victim!)
- Partner brings us things (blouse, mobile phone, etc.) and we feel obligated.
- Family pressure – some young people's parents pressure them to "get a boyfriend" (have sex) to help with family finances.
- Economic pressure – transactional sex
- Boys/young men are sometimes pressured to have a "sugar mama"
- Some people think love = sex.
- Other: _____

_____

Q: What is the most important thing you should be doing with your time right now?

A: Learning, studying, going to school, getting an education, etc.

Q: What are your goals?

A:
- Finish high school.
- Become a: pilot, teacher, business person, farmer, writer, etc.

★ *Stress striving for a dream.*

Q: When you're working toward those goals, is that the best time to have sex?

A: No. ★*We hope!*

Q: What can happen if you have sex?

A:
- Get pregnant
- Bad reputation
- Depression
- Suicide
- Early forced marriage
- Have a baby you need to raise
- If pregnant, the woman can have serious health problems (especially young girls)
    - can develop obstetric fistula
    - can die in childbirth
- Get HIV
- Get other STDs
- Parents, teachers, pastor might find out – get in trouble
- Might need to drop out of school
- Be kicked out of the home compound – become househelp, commercial sex worker, etc. – (★ *not your dream!*)
- Some girls and women have an abortion. Abortion is illegal in Kenya, which means abortions are rarely performed by trained doctors or in licensed facilities, and there are great health risks, sometimes leading to lifelong complications and even death.

Q: If a girl gets pregnant, does the boyfriend drop out of school?
Does he stay home with the baby?
Does he get a job to help pay for the baby?
Does he marry the girl?
Does he stay faithful to her and never get another girlfriend?

Q: If a girl gets pregnant, can bad things also sometimes happen to the boy?

A: Yes, such as:
- Forced marriage.
- Kicked off compound.
- Forced to drop out of school and find work
- Have to find a place to live.
- In some areas of Kenya there have been reported suicides of boys.

Q: Should you be having sex now?

A: No. (★ *we hope!*)

Q: If you have sex now, what kinds of things will you be worrying about instead of focusing on your school work?

A:
- Am I pregnant?
- Is she pregnant?
- Do I have an STD?
- Where can we go get tested that no one will know us?
- Is she or he being faithful to me?
- How will I make time to sneak away and see him/her?
- Will my parents/teacher/pastor/grandmother etc., find out?

Q: What about if you use a condom? Then can you have sex now? Is a condom 100% effective?

A: No.

Q: Can you afford condoms?

Q: Can you afford a baby?????

Q: What is 100% safe?

A: Abstention. No sex (★*yet*).

These are some suggestions of other questions you might want to ask. It will depend on the age of your audience, how well the session is going, and how much time you have. Add your own questions.

Q: What can you say to your boyfriend if he says "love without sex is like tea without sugar"?

A:
- True love waits.
- When you love and value someone you always wish them the best, so they have to wait until the right time for sex comes.

Q: What is love? First, tell me about what it means if you love a parent, or a parent loves a child, or you love a favourite aunt or uncle or grandparent.

A: • respect • admiration • trust • warm feeling • can talk to that person • etc.

Q: Tell me about the love between boyfriends and girlfriends, or husbands and wives. What does it include?

A: • respect • shared interests • like being with that person • physical attraction

Q: What if a tall handsome man comes and tells you how much he loves you and that he'll take good care of you, and buys you cologne and body lotion and gives you a thousand shillings to spend?

- Brainstorm some good answers. Could say: "Sure, just let me ask my grandmother/pastor/CRE teacher."

_____
_____
_____
_____
_____

Q: What if he promises he'll only stay on top and not go inside?

A: It is difficult to stop having sex once you start. The pre-ejaculate in some men has sperm and also HIV if he's positive, and just a drop near the vagina can make it inside – sperm swim!

Q: What if the family of a girl wants her to have a relationship with a man to get money to feed the family?

A: Mummy/daddy/auntie, etc.: This is my life, not your life. I respect you, but remember that if I get pregnant it is me, if I get an STD it's me, if I get HIV it's me, not you. So this is a life and death decision. I choose life for me and for the betterment of my future and our future as a family.

Q: **Who has more power in relationships, the man or the woman? The boy or the girl?** Does that affect whether they have sex? Have a discussion about gender inequality.

What are some other good questions you could ask?

_____
_____
_____
_____

*Refusal skills:

1. Say “no”!
2. Repeat the refusal.
3. Use body language that says “no”!

Examples of good “refusal body language”: _____

_____

_____

_____

_____

4. Suggest an alternative.
5. Build the relationship (if appropriate). (With some relationships, it is better to end it. You need to think carefully about his decision. You are important!)

***Delay tactics:** (usually better to say “no”, but not always possible)*

1. Make a delay statement.
2. Take a delay action.
3. Create space.
4. End the situation quickly.
5. Build the relationship (if appropriate).

*Reducing the Risk, ETR 2011, p. 55
**RTR, p. 86

Examples of good delay tactics: _____

_____

_____

Situations where refusals or delays would be important: _____

_____

_____

★ Skill Building ★

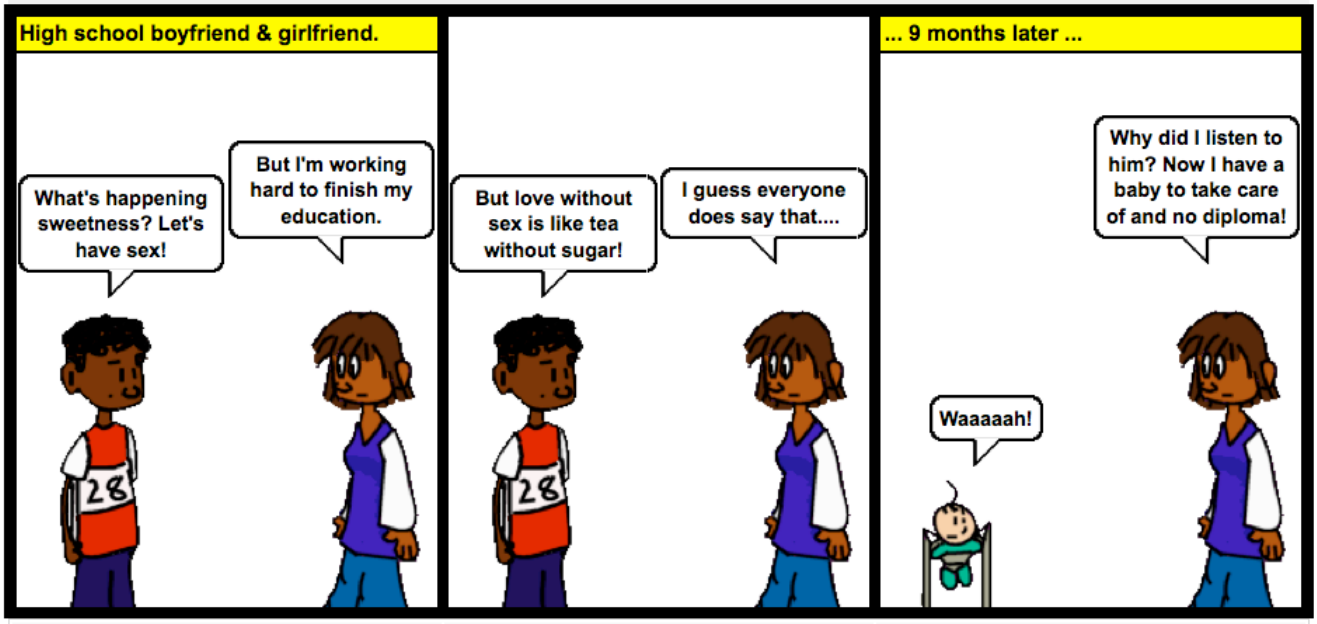
These are good issues for role plays.

When you use role plays, be sure the characters and situation are clear. Then be sure the student (or you and your teaching partner) demonstrate good skills. Use the refuse or delay checklists.

To set up a role play:

1. What situation will the students practice? Saying no to sex? Saying no to unprotected sex? Other?
2. Using refusal skills or delay skills? Or both?
3. Who are the characters? How old are they? Do they know each other?
4. Where are they? Inside or outside? Can other people hear them?
5. Stress the roles they are playing. For example, one person pressures the other for sex. The one being pressured says “no.”
6. The students can set up their own role plays once they understand how to do it.

Sugarless Tea is Healthy for You Jessy Bradish


High school boyfriend & girlfriend.
What's happening sweetness? Let's have sex!
But I'm working hard to finish my education.
But love without sex is like tea without sugar!
I guess everyone does say that....
... 9 months later ...
Why did I listen to him? Now I have a baby to take care of and no diploma!
Waaaaah!

4. B · BE FAITHFUL

When you decide that the time is right for you to have sex, there are two things that will help to keep you safe:

1. both of you being faithful to each other, and
2. using condoms.

It is important that both partners are faithful. It does not help you at all if you are faithful to your partner, but she or he has sex with someone else.

Explain that the HIV viral load goes very high when someone is first infected, but as the immune system/antibodies start to fight the virus, the HIV viral load goes down and the amount of antibodies in the blood goes up. The viral load can be so low that it is undetectable, but that does not mean "zero".

"Zero grazing" – no sexual relationship with anyone outside of your faithful, monogamous relationship.

Serial Monogamy - the state of having only one husband, wife, or sexual partner at any one time.

Use the "Sexual Networking" booklet to teach this section.
Explain the figures:

1. The drawings of a man and woman with nothing inside have no HIV.
2. The drawings of a man and woman completely filled in are HIV+ with a high viral load.
3. The drawings of a man and woman with stripes show that their viral load has decreased, but there is still HIV in their bodies.

(You might explain that this is a little like getting a cut on your arm. Even without medicine, your body will automatically work to heal the cut. The difference is that your body can kill the type of infection that you get in a cut, but cannot kill HIV. Use different examples if they work better.)

Explain the type of culture/community.

1. The first community has concurrent sexual relationships. This means that although many people are faithful, many of their partners are not. This puts the faithful partner at risk.
2. The second culture practices what is called serial monogamy. Monogamy: both partners are faithful to each other. Serial: one *after* the other. Serial monogamy

means that while you have a sexual partner, you are faithful only to him or her. If you break up, and then get a new partner, you are now faithful to only him or her. You never have two partners at the same time.

3. The third community has concurrent sexual relationships exactly like community 1, but some people are using condoms.

★ Look at the 3 different Augusts and compare ★

Q: Why is it important to be tested and know your status?

A:_____

_____

Q: Before you decide to have sex with someone, you should talk seriously about sex. What things could you say or ask?

A:

1. Have you ever had sex with anyone else before this?
2. Are you willing to be faithful only to me, and to promise?
3. Are you willing to go with me to be tested? We'll both get tested, wait 3 months, get tested again, and if we're both negative we're safe from HIV if we stay faithful.
4. Are you willing to use a condom? This will protect both of us, in case either of us has any other infections.
5. If you decide you are not in love with me anymore and you're in love with someone else, will you promise to tell me and break up with me before you have sex with the other person?
6. If you are unfaithful to me at any point, please have enough respect for me to be honest and tell me the truth. Then we can talk about our relationship.

Q: **Does gender inequality affect decisions and actions about monogamy?**

_____

Q: Do you think you could have that talk? If you can't have that talk, if you think it would be too embarrassing or that it would make your partner angry, do you think that you should be having sex with that person? What might make it easier to have that talk?

A: _____

_____

_____

★ Skill Building ★

After the discussion, have class try role plays to hold the discussion, and/or to negotiate for faithfulness with a partner reluctant to promise.

5. C · USE CONDOMS CORRECTLY AND CONSISTENTLY

(Rafiki p. 162; Tuko p. 73)

When you decide that the time is right for you to have sex,
there are two things that will help to keep you safe:

1. both of you being faithful to each other, and
2. using condoms correctly and consistently

There are both male and female condoms. Male condoms are cheaper and easier to find. Both work extremely well to protect against HIV, other STDs, and pregnancy.

THIS EXPLANATION IS WRITTEN AS THOUGH YOU ARE EXPLAINING TO A YOUNG PERSON:

At some time in their lives, most people decide they are ready to have sex but not ready to become a parent. Many people decide they are ready to have sex but not ready to be married.

Once you're old enough to decide to have a sexual relationship, a condom will keep you very safe if you use it every time, and if you use it correctly.

We're giving you this information now, because it's important to know before the first time you have sex how to use a condom correctly. Remember what we're telling you, and when you're older, look at the instructions in a packet of Trust or other condoms to remind yourself. Then practice.

★ Skill Building ★

★ Hand out condoms now if everyone will have the opportunity to practice. ★

CONDOM DEMONSTRATION STEPS

Trust has three condoms and an instruction sheet. **Hold up, tear one off:**

1. Squeeze the packet – can you feel that there's air inside? (If not, condom could have bacteria or be dry or have cracks or a small puncture.)
2. Check the expiry date – is it fresh?
3. See the edge like a saw? That's where you tear.
4. Push the condom gently to one side inside the package.
5. Tear carefully. Teeth and nails can tear or puncture the condom.
6. Must squeeze the tip to leave room for semen.

Put it on the tip of a finger. Make sure that it is right side up so it will roll down easily - BUT DON'T ROLL IT DOWN YET! The tip of the condom should come down to the inside of the ring, not the outside. Demonstrate. Check to be sure everyone has it right. They can check their neighbour's.

7. Need two hands – one to squeeze the tip and the other to roll down all the way to the base of the penis.
8. It goes on as soon as the man has an erection. There is a tiny bit of fluid (pre-ejaculate) that comes out of the tip. This fluid has HIV if he's positive, and sometimes sperm.
9. As soon as the man has ejaculated, he should remove his penis from the vagina or anus. This is because the blood starts to leave the man's penis and it gets smaller, so the condom could slip off inside his partner. If this happens, the condom can easily be pulled out (it cannot get lost), but the problem is that some of the semen has spilled out of the condom inside the partner. So now neither is protected from the other.
10. As he pulls out he needs to hold on to the ring at the base of his penis. This will guarantee that the condom doesn't come off inside.
11. Slide the condom off carefully, and tie it. Why? What's inside? Semen, sperm, maybe HIV, maybe other STDs. What's outside? Vaginal or anal fluids, which may include HIV if the partner is positive, and other STDs.
12. Wrap it in tissue paper.
13. Wipe off hands and wipe and dry the man's penis. (Q: Why? A: They could have the virus on them.)
14. If the man is not circumcised, push the foreskin back and dry under the foreskin as well.
15. It is good to use extra lubrication, even if the condom is already lubricated. It is more comfortable for the woman, and makes it even less likely the condom will break. This must be a <u>water</u>-based lubricant for use with condoms (such as Durex brand lubricant), <u>not</u> oil-based. No Vaseline, Kimbo, or cooking oil!
16. Throw it away carefully – down a pit latrine is good. Do not flush it in a flush toilet. Do not toss it where children might find it. Do not leave it on a burn pile.

Depending on the class and the supplies available, you can use the wooden penis model, bananas (green work best), carrots, courgettes, or two fingers (pointer and middle).

You may want to show that you can push your entire hand and forearm into a condom.

You may want to blow the condom up like a balloon to show its size.

You may want to fill the condom with water. If so, bring a soda bottle or other bottle to use.

Ask about stories your students may have heard about condoms. They may have heard:

1. Condoms break easily.
2. Condoms come off inside the woman.
3. Condoms have holes in them.
4. Condoms have bacteria/infection in them, put in at the factory.
5. White people want Africans to use condoms so they don't have a lot of children, so whites get more power in the world.

Other stories or fears: _____

_____

_____

_____

_____

★ Discuss that although there have been some faulty condoms, these myths are not true. ★

Important for everyone: KNOW YOUR STATUS!

Yes!

Does it really make a difference whether or not you know?
If you are negative, you can learn how to continue to keep yourself and your partner safe.
If you are positive, you can learn how to keep yourself healthy, and how to keep yourself and others safe. You can learn how to live positively!

If a student is a "mature minor," the HIV technician will generally test them. They should be respectful, and NOT go in their school uniform.

Q: Does gender inequality play a part in whether the couple ends up using a condom? Why does it matter who holds the power in the relationship, or if they are equal partners?

What are some **good role play topics** for condom use? What are some things the person who wants to use a condom could say to convince her or his partner?

Nearby VCT name _____
Directions _____
_____
Hours _____
Other (reputation for confidentiality, whether always has free condoms available) _____
_____

Nearby VCT name _____
Directions _____
_____
Hours _____
Other (reputation for confidentiality, whether always has free condoms available) _____
_____

Know your local VCT and Clinic! Where else specifically in your area are free condoms available? Some restaurants, police stations, and government offices have them. How will I get there? Whom do I ask?

_____
_____

CONDOM INSTRUCTION CHECKLIST

√	Step
	1. Squeeze the packet – can you feel that there is air inside? (If not, condom could have bacteria or be dry or have cracks or a small puncture.)
	2. Check the expiry date – is it fresh?
	3. See the edge like a saw? That is where you tear.
	4. Push the condom gently to one side inside the package.
	5. Tear carefully. Teeth and nails can tear or puncture the condom.
	6. Must squeeze the tip to leave room for semen.
	7. Need two hands – one to squeeze the tip and the other to roll down all the way to the base of the penis.
	8. It goes on as soon as the man has an erection. There is a tiny bit of fluid (pre-ejaculate) that comes out of the tip. This fluid may have sperm, and HIV if he's positive.
	9. As soon as the man has ejaculated, he should remove his penis from his partner's vagina or anus.
	10. As he pulls out of the vagina or anus he must hold on to the ring at the base of his penis. This will guarantee that the condom doesn't come off inside his partner.
	11. Slide the condom off carefully, and tie it. Why? What's inside? Semen, sperm, maybe HIV, maybe other STDs. What's outside? Vaginal fluids, which may include HIV and other STDs, or anal secretions, which may include HIV and other STDs.
	12. Wrap it in tissue paper.

- Wipe off hands. The man's penis should be dried. (Q: Why? A: They could have virus on them.)
- If the man is not circumcised, push the foreskin back and dry under the foreskin as well.
- It is good to use extra lubrication, even if the condom is already lubricated. It is more comfortable, and makes it even less likely the condom will break. This must be a water-based lubricant for use with condoms, not oil-based. No Vaseline, Kimbo, or cooking oil!
- Throw the condom away carefully – down a pit latrine is good. Do not flush it in a flush toilet. Do not toss it where children might find it. Do not put it on the burn pile unless you throw it into the flames.

Glossary

Fahasara (Fasiri)

A

Anus – The opening between the buttocks from which bowel movements leave the body.

Mkundu- Shimo lilio katikati ya matako ambamo mavi hutokea yaki.

Areola – Dark brown/black circle of skin that surrounds the nipple and is sensitive to touch.

Areola (No Swahili word) - Sehemu ya mviringo inayozunguka chuchu ya titi ambayo huwa epesi kuhisi uguso.

B

Bladder – The organ where urine is stored.

Kibofu cha mkojo- Kiungo ambacho huweka mkojo mwilini.

Blood transfusion – To take blood from one person (the donor) and transfer it to the vein of a second person (the recipient). In the past HIV could be transmitted through blood transfusions. Now the blood supply is screened using the HIV antibody test. HIV transmission through blood transfusions is now very rare.

Kupa damu-Kutoa damu kutoka kwa mtu mmoja (Mtoaji damu) na kutia katika mizizi ya mtu mwengine(mpokeaji damu). Zamani, viini vya UKIMWI vingeweza kuenezwa kupitia kupa damu. Sasa damu huchujwa sana kwa kutumia upimaji wa vikingamwili vya viini vya UKIMWI. Unenezaji wa viini vya UKIMWI kupitia kupa damu ni nadra sana sasa.

C

Cervix – The narrow neck of the uterus. The cervix connects the body of the uterus and the vagina.

Mlango wa Uzazi-Shingo embamba la mji wa mimba. Mlango wa uzazi huunganisha mwili wa mji wa mamba na kuma/shimo la uke.

Chancre – Painless, often unnoticed sore or ulcer; usually the first symptom of syphilis.

Kidonda kisicho chungu-Hiki ni kidonda ambacho hakina uchungu, mara nyingi huwa hakigunduliwi. Kwa kawaida huwa ishara ya kwanza ya kaswende.

Circumcision – Surgical removal of the loose skin (foreskin) covering the end of the penis.

Tahiri- Kukata na kutoa ngozi ya mbele inayofunika mwisho wa mboo.

Clitoris – Small, pea-sized organ located at the top of the vulva above the urinary opening. Highly responsive to sexual stimulation.

Kinembe/Kisimi-Huvutika sana kwa mchangamsho/ kichechemo cha mapenzi.

D

_____

_____

_____

E

Epididymis – A coiled tubular structure where sperm mature and are nourished. Connects the testis and vas deferens.

Epididymis- Kiungo chenye umbo la neli inayopinda, ambamo manii/shahawa hukomaa na ambacho huunganisha makende na vas deferens.

Estrogen – Female sex hormone produced by the ovaries. Stimulates pubertal changes, regulates the menstrual cycle and cervical mucus production, and affects fat distribution, metabolism, and bone length and density.

Estrogen-Homoni za kimapenzi za wanawake ambazo hutengenezwa kwenye ovari. Huchechemsha mabadiliko ya kubalehe/kupevuka, hutaratibisha damu ya mwezi na utengenezaji wa makamasi ya mlango wa mimba. Huathiri usawasishaji wa metabolisimu na urefu na uzito wa mifupa.

F

Fallopian tubes – Narrow tubes, about 5 inches long, that connect the uterus and ovaries. Fertilization takes place in the fallopian tubes. Also called oviducts.

Fallopian tubes- Viungu neli vyembamba, takriban inchi 5 kwa urefu, ambavyo huunganisha mji wa mimba na ovari. Mimba hutungika kwenye neli hizi. Pia huuitwa, ovicuct.

Filaments – Microscopic hairs lining the fallopian tubes that move and propel the egg toward the uterus and the sperm toward the egg.

Filamenti- Nyuzi ndogo sana katika fallopian tube ambazo huegemeza mayai kwenye mji wa mamba na manii kwenye mayai.

Flaccid – Soft and limp; not firm.

Tepetevu- Nyororo na dhaifu, isiyo ngumu/thabiti.

Foreskin – A retractable fold of skin over the head of the penis. Removed during circumcision.

Foreskin – Ngozi ambayo inaweza kurdi nyuma na ndani ambayo hufunika kichwa cha mboo. Hukatwa wakati wa kutahiri.

G

Glans – The soft tip of the penis; highly sensitive.

Glans – Sehemu nyororo kwenye ncha/kilele cha mboo; Husismka kwa urahisi sana ikiguswa.

H

Herpes recurrence – Once a person is infected with herpes, the virus lives in the body for the rest of his or her life. Periodically, the virus becomes active and sores reappear. This is called a recurrence. Recurrences can be caused by fever, other viral infections, fatigue, stress and menstruation.

Vidonda vya malengelenge vinavyorejea mara kwa mara – Mara mtu anapoambukizwa ugonjwa wa malengemalenge, virusi huishi mwilini kwa maisha yake yote. Baada ya muda Fulani, virusi hukomaa na vidonda hive hurejea. Hii huitwa kurejea mar kwa mara. Kurejea mara kwa mara huku huweza kusababishwa na homa, maambukizo mengine ya virusi, uchovu na damu ya mwezi.

Hormones – Chemicals that control the reproductive system. Female reproductive hormones are estrogen and progesterone. Male reproductive hormone is testosterone.

Homoni – Kemikali ambazo hutawala taratibu ya uzazi mwilini. Homoni za wnawake huitwa estrogen na progesterone. Homoni za wanaume huitwa testosterone.

Hymen – This membrane surrounding the vaginal opening. For most women, the hymen is elastic enough to stretch during insertion of a tampon or penis without any danger of serious tearing.

Kizinda- Utando huu huzingira mlango wa kuma/shimo la uke. Kwa wanawake wengi, kizinda huweza kupanuka tosha wakati wa kutia tamponi au mboo bila hatari ya kuraruka vibaya.

I

Intercourse – See sexual intercourse.

Ushirikiano wa kimapenzi – Angalia Ushirikano/Maingiliano ya kimapenzi.

J

Jaundice – Yellowish tint to the skin and eyes.

Homa ya nyongo ya manjano – Ngozi na macho huwa manjano

K

_____
_____
_____

L

Labia majora – The outer lips; folds of skin that begin above the clitoris and end above the anus. With the labia minora, they protect the vaginal opening, urinary opening and clitoris. Responsive to tactile sensations.

Midomo ya nje – ni mikunjo ya ngozi ambayo huanzia juu ya kinembe na kuishia juu ya mkundu.Pamoja na midomo ya ndani, hukinga shimo la uke/kuma, shimo la mkojo na kinembe.

Labia minora – The inner lips; usually brown folds of skin that lie within the labia majora. With the labia majora, they shield and protect the vaginal opening, urinary opening and clitoris. Very responsive to tactile sensations.

Midomo ya ndani – mikunjo ya ngozi ambayo hupatikana karibu na midomo ya nje. Pamoja na midomo ya nje, hufunika na kukinga shimo la uke/kuma, shimo la mkojo na kinembe.

M

Menstrual cycle – The time from the beginning of one menstrual cycle to the next.

Muhula/kipindi cha damu ya mwezi- Wakati wa damu ya kila mwezi ya mwanamke

Menstruation – The process when the lining of the uterus leaves the body through the vagina; also called having a period.

Damu ya mwezi – Hali ya ukuta wa mji wa mimba kuacha mwili kupitia kuma; pia huitwa kipindi cha damu ya mwezi

Milk ducts – Carry the milk from the milk-producing glands to the nipple when a woman is breastfeeding.

Milk glands – Glands inside the breast that produce milk when a woman is breastfeeding; mammary glands.

Vifereji/vichiririzi vya maziwa – Tezi zilizomo ndani ya matiti na hutoa maziwa wakati mwanamke anaponyonyesha; Tezi za ziwa.

N

_____

_____

_____

O

Ovaries – The two female reproductive glands that produce eggs and reproductive hormones, including estrogen and progesterone.

Ovari – Tezi mbili za sehemu za uzazi za uke ambazo hutoa mayai na homoni za uzazi, zikiwemo estrogeni na progesterone.

Ovulation – The development and release of a ripe egg from the ovary. Happens about 14 days before the beginning of the next menstrual period.

Ovulation – Kufanya/kutengeneza mayai na kutoa yale ambayo yako tayari kutoka kwa ovari. Hufanyika takriban siku 14 kabla ya mwanzo wa kpindi cha damu ya mwezi kifuatacho.

P

Pap smear – A screening test to check for cervical cancer or precancerous cervical abnormalities. During a speculum examination, the clinician scrapes cells from the surface of the cervix to observe under a microscope.

Hali ambayo daktari huchukua maji maji ya ndani ya mlango wa uzaiz/mimba ili kupima na kuona ikiwa mwanamke ana sarakani au ako katika hatari ya kupata ugonjwa wa sarakani na kasoro au magonjwa mengine ya mlango wa uzazi.

Pelvic Inflammatory Disease (PID) – General term for infection anywhere in a

woman's pelvic organs. PID can affect the endometrium, uterus, fallopian tubes, ovaries, pelvic cavity or peritoneum. Symptoms include fever, backache, chills, unusual discharge or bleeding, and pain during intercourse. PID can cause scarring of the fallopian tubes, which can cause infertility.

Pelvic Inflamatory Disease (PID) – Ugonjwa yenye mavimbe ya fupanyonga_ni jina la jumla ambalo hutomika kuita magonjwa yoyote yapatikanayo kwenye fupanyonga ya mwanamke. PID huweza kuathiri mji wa uzazi, fallopian tubu, ovari na eneo lote la fupanyonga. Ishara hujumuisha homa, mgongo kuuma, ubaridi, kutokwa kwa majimaji au damu kusiko kwa kawaida na uchungu wakati wa kuingiliana kumapenzi. PID yaweza kusababisha kuumia kwa fallopian tube ambako kwaweza kusababisha utasa.

Penis – Male sexual and reproductive organ. It is made of spongy tissue that fills up with blood and becomes hard and erect when the male is sexually excited.

Mboo – Kiumgo cha uzazi cha mwanamume. Kimeumbwa kwa nyama nyororo sana kama sponji ambazo hujaa damu na huwa ngumu sana wakati mwanamume amechechemshwa na ako tayari kufanya ngono.

Pituitary gland – A small gland located at the base of the brain beneath the hypothalamus; serves as one of the chief regulators of body functions, including fertility.

Tenzi ndogo ambayo hupatikana chini ya ubongo na hutumika kama mojawapo ya viungo kuu vya kutaratibisha kazi mwilini, ikiwamo uwezo wa kushika mamba.

Progesterone – Female sex hormone produced by the ovary after ovulation. Prepares uterus for pregnancy, readies the mammary glands for milk production, and helps maintain pregnancy if conception occurs.

Progesteroni – Homoni za kimapenzi za kike ambazo hutengeneza na ovari baada ya kutengeneza na kutoa mayai milini (ovulation).

Prostate gland – A gland in men that secretes a clear fluid that makes up about one third of the fluid in an ejaculation.

Tezi ya mamalia dume – Tezi/kibofu cha mwanamume ambacho huvuja majimaji ambayo hufanya theluthi ya majimaji ya manii mwanamume afikapo kilele wakati wa ngono.

Puberty – The stage of development in which the reproductive organs mature and become functionally operative and secondary sex characteristics develop.

Ubalehe – Kiwango cha kupevuka ambampo viungo vya uzazi hukomaa na kuanza kufanya kazi na tabia/sifa za kupevuka kwa kiwango cha pili hutokea.

Q

_____
_____
_____

R

Rectum – The final portion of the digestive canal; extends from the colon to the anus.

Rektamu – Sehemu ya mwisho katika kanali ya kusiaga chakula; Hutoka kwenye utumbo mpana hadi kwenye mkundu.

Reproductive system - Usazi

S

Scrotum – The loose sac of skin that holds the two testes.

Korodani – Mfuko legevu wa ngozi ambao hushika makende.

Secondary sex characteristics – Physical signs, other than the genitals, that indicate sexual maturity. In girls, include breast development, enlargement of the hips, and development of body and pubic hair. In boys, include appearance of pubic, body and facial hair; growth of the penis, testes and scrotum; and deepening of the voice.

Tabia/sifa za kupevuka kimapenzi za kiwango cha pili. Ishara za kimwili kando na viungo vya mapenzi, ambazo huonyesha ukomaji wa mwili.Wasichana huanza kuwa na matiti, kupanuka kwa nyonga, na kuwa kwa mili na nywele za sehemu za siri. Wavulana huwa na nywele za sehemu za siri, makende na korodani na huanza kuwa na sauti nzito.

Semen – The milky white fluid ejaculated out of a man's penis during orgasm. Semen contains sperm and fluid from the seminal vesicles, the prostate gland and the Cowper's glands.

Shahawa- Haya ni majimaji ambayo hufanana kama maziwa na hutolewa kwa mboo ya mwanamume wakati afikapo kilele cha mapenzi katika ngono.Majimaji haya huwa na manii na majimaji kutoka sehemu nyingine kama tezi ya mamalia dume.

Seminal vesicles – Produce part of the seminal fluid in which the sperm move and are nourished.

Mifuko ya shahawa – Hutengeneza sehemu ya majimaji ambamo manii huogelea na kukuzwa/kukomaa.

Sexual intercourse (*kutombana*)– any of the following forms of sexual contact: vaginal intercourse, anal intercourse, oral sex between persons regardless of sex.

Vaginal intercourse – when a man's penis enters a woman's vagina.
kutomba tupu ya mwanamke – wakati mboro imetiwa kwenye kuma

Anal intercourse – when a man's penis enters a man's or woman's anus.
kufira – wakati mboro imeingia kwenye mkundu wa mwanamke au wakati mboro imeingia tupu ya nyuma ya mwanamume

Oral sex – mouth to genital contact by a man or woman.

mapenzi yam domo; kulamba kwa ulimi – wakati mwanamume ama mwanamke analamba tupu (kuma, mboro mkundu) ya mwingine kwa kutumia mdomo ama ulimi

Shaft – The body of the penis; made of spongy tissue that fills with blood when sexually excited.

Shaft – Mwili wa mboo; umetengenzw na nyama nyororo kama sponji na kujaa damu wakati mboo imechechemshwa kimapenzi.

Sperm – The male reproductive cell. Sperm are produced by the testes and are part of the semen that is ejaculated during orgasm.

Manii/mbegu – Hutengenezwa na makende na ni sehemu shahawa ambayo hutolewa wakati mwanamume amefika kilele cha ngono

T

Testes – The two glands that hang outside the male body in the scrotum. Produce testosterone and sperm. Also called "balls" and testicles.

Makende – Tezi mbili ambazo huni'nginia nje ya mili wa mwanamume katika korodoni. Hutengeneza testosterone na manii.

Testosterone – Male sex hormone produced by the testes. Stimulates pubertal changes, regulates production of sperm, and maintains sexual interest and function.

Testosteroni – Homoni za kimapenzi za kiume ambazo hutengenzwa na makende. Huchechemsha mabadiliko ya ubalehe, hutaratibisha utengenezaji wa manii, na kuhibiti hamu na utumishi wa mapenzi.

Tubal pregnancy – Pregnancy that implants in the fallopian tubes rather than in the uterine cavity. A tubal pregnancy can rupture the tubes. Tubal rupture and the subsequent hemorrhaging is a leading cause of pregnancy-related death. Symptoms include pain or cramping in the abdomen, especially if pain is localized on one side;

irregular bleeding or spotting with abdominal pain, especially with late or abnormally light period; fainting or dizziness for more than a few seconds.

Mimba nelini – Hii ni mimba ambayo hutungika kwenye neli (fallopian tube) badala ya ndani ya mji wa mimba. Mimba tezini yaweza kurarua nelii. Kuraruka kwa tezi na kutoka kwa damu ambako hufuata ni mojawapo ya sababu zinazoongoza kwa vifo vya mimba. Ishara huwa uchonu kwa tumbo, hasa kama uchungu uko upande mmoja wa tumbo, kutokwa kwa damu kusiko kw utaratibu, au madoadoa ya damu na maumivu ya tumbo, kuzimia au kizunguzungu kwa zaidi ya muda wa sekondi kadhaa.

U

Urethra – Tube that carries urine from the bladder to the outside of the body. In women, the urethra is about 1 ½ inches long. In men, the urethra travels the length of the penis and transports both urine and semen.

Tezi ya mkojo – Hii ni tezi ambayo hubeba mkojo kutoka kwa kibofu hadi nje ya mwili. Katika mwanamke, tezi ya mkojo huwa takriban inchi moja na nusu. Katika mwanamume, tezi ya mkojo hupitia urefu wa mboo na kusafirisha mkojo na shahawa.

Urinary opening – Place where urethra connects to outside of the body; where urine leaves the body.

Mlango wa mkojo – Mahali ambako tezi ya mkojo huunganika na nje ya mwili ambako mkojo hutoka kwa mwili.

Uterus – The pear-shaped, muscular organ where the fetus grows and develops during pregnancy. The uterus is connected to the vagina (at the cervix) and to the fallopian tubes. The uterus sheds its lining every month; this process is called menstruation.

Mji wa mamba – Mahali ambapo kijusi hukulia na kukomaa wakati wa mamba. Mji wa mamba huunganishwa kwa kuma (katika mlango wa mamba) na kwa fallopian tube. Mji wa mamba hutoa ukuta wake kila mwezi; hii huitwa kutoa damu ya mwezi.

V

Vagina – A muscular tube four to five inches long that connects the uterus with the outside of the body.

Kuma – Tezi ambayo imekakawana na yeneye urefu wa inchi nne hadi tano ambayo hushikanisha mji wa mamba na mwili wa nje (wa mwanamke)

Vaginal secretions – The natural lubrication or secretions of the vagina, including those produced during periods of sexual excitement.

Mavujo ya kuma – Hii ni hali ya kunyororesha au kuvuja kwa kwaida kwa kuma, ikiwemu majimaji yanayotolewa wakati wa kufanya mapenzi.

Vas deferens – Long tubes, one from each testis, that carries sperm from each testis up into the body of the man. Joins the urethra in the prostrate gland.

Vas deferns – Tezi ndefu, katika kila mojawapo ya makende, ambayo hubeba manii kutoka kwa kila makende hadi ndani ya mwili. Huungana na tezi ya mkojo ndani ya tezi ya mamalia dume.

Vulva – The female outer genital area. Includes the clitoris, the labia majora, and the labia minora.

Valva – Hii ni sehemu ya nje ya viungo vya uzazi vya mwanamke. Hujumuisha ; kinembe, midomo ya nje nay a ndani.

W X Y Z

APPENDIX

POSSIBLE GROUND RULES

You won't need ground rules for every session. Ground rules will be different for adult and school-aged audiences, small groups and large groups, barazas or women's groups, etc.

If you decide to use ground rules, you can present them and ask that everyone agree to abide by them, or you can brainstorm them with the group, asking to add important ones that may have been left out. This last technique takes more time, but you might decide that it is worth it.

You could say something like: "We all know that this is a subject that makes many people uncomfortable. Sometimes we don't even know the vocabulary for questions we'd like to ask. What are some rules we could set up that would make this session more comfortable for everyone?"

Some suggestions

1. Everyone has a right to pass and not answer a question, including the teacher.
2. Every question is a good question. No negative comments about any question.
3. No teasing, put downs, or talking about others.
4. Classroom discussion is confidential. No personal details are to be talked about outside of this class. (Point out that the teacher might need to report some information, such as dangerous behaviour.)
5. Treat the role plays seriously.
6. No personal questions, to the teacher or any student.
7. Use standard terms, no slang. If someone doesn't know the medically correct term that is perfectly okay, we still want them to ask. They can ask the question as best they can and the teacher will respond with medically correct terms.
8. You are encouraged to talk to your parents or guardians about what you learn here. Be accurate about what you are being taught.
9. Speak only for yourself.
10. There is an anonymous question box (if you decide to do this). Do not sign your name! *(If you have an anonymous box, either require all students to put something, even a blank piece of paper in it, or set it where it is easy for students to put in a question without the rest of the group noticing. Otherwise, if there are only one or two questions, everyone will know who asked them!)*

    All questions are taken seriously.
    I will research the correct answer if I don't know it.
    If you need a private answer, you can sign your name or come to me.
    The answers will be brought back to your group at a later date. (Then do it!)

Other: _____
_____
_____
_____

DISCUSSION DIAGRAMS

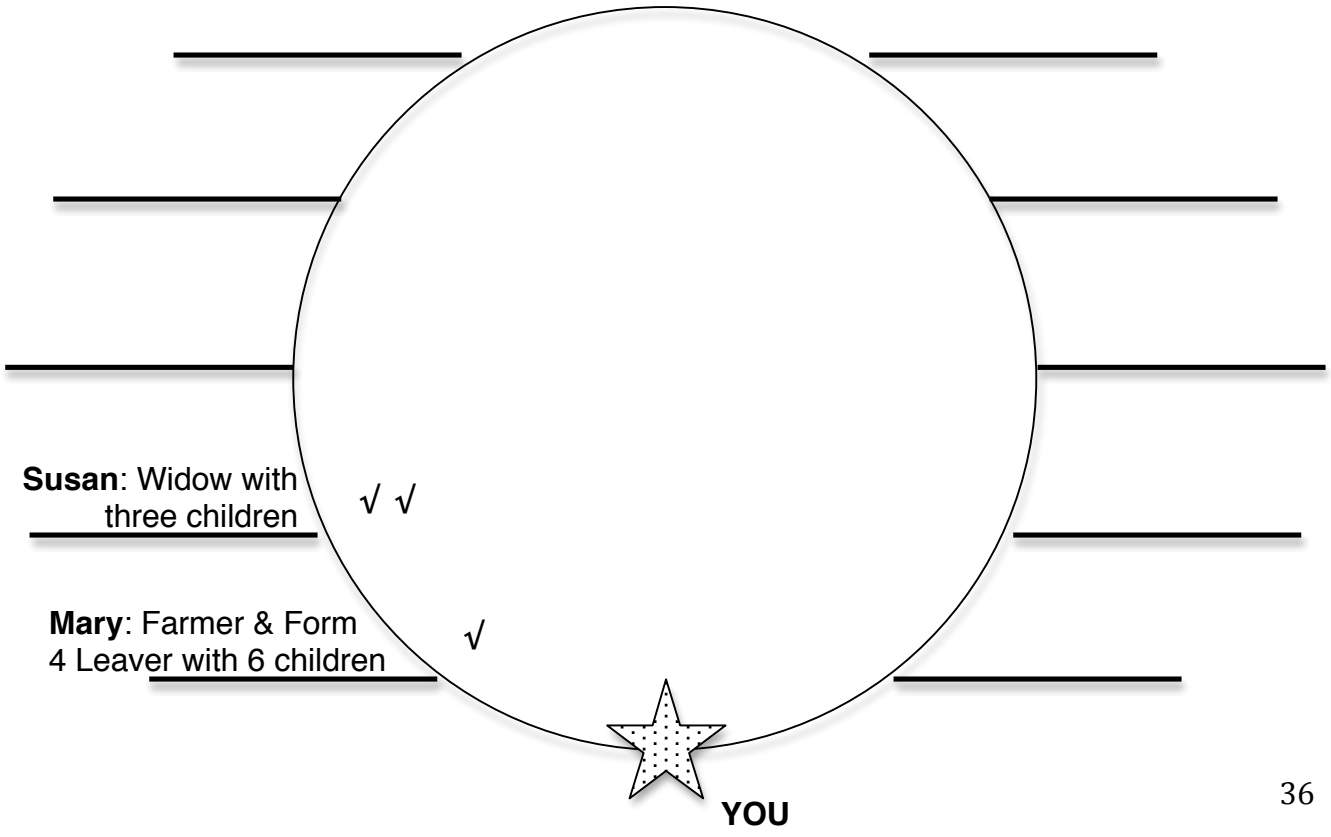
You may want to consider using a discussion diagram if you have a small group, especially if you will meet with them more than once.

Write in each person's name. (This is also a good way to help you learn names, and to call on people personally.)

Make a check every time they make a comment. You might also want to write a note or two, to remind yourself of a good point, or background information.

Use this to keep track of who hasn't spoken, who is talking too much, etc. But DO NOT require someone to speak, since this is a sensitive topic and we don't know what traumatic event might have happened to someone in the past (or even be going on right now!).

Samples:



√√ Hellen David		
Grace √John		

YOU

Beatrice √ Ann			
Phylis √√√ Robert √√√√√			

YOU

TEACHING TIPS

1. Be prepared. Practice. Bring all of your materials. Have a lesson plan.

2. Decide if you will sit (small group) or stand. Be sure everyone can see you.

3. Speak clearly.

4. Make eye contact.

5. Be sure everyone can hear you.

6. Be sure your audience can see the pictures. Don't block with your body.

7. Walk around if possible. Don't be afraid to go into the audience. "Own the room."

8. Try to never have your back to the audience.

9. Ask lots of questions. Listen to the answers.

10. Be positive – "good question!" "that's right", etc.

11. Never embarrass a student or audience member.

12. If you assign written work in class, give all students time to complete the work without embarrassment.

13. Use, and have learners use, as many senses as possible (5 senses: sight, hearing, smell, touch, taste). Move, speak, write. Encourage students to take notes if possible. They'll remember nearly two times as much information.

14. Learners learn better if they respond. This can be out loud, written, or to themselves. Ask a question, then wait for everyone to have a chance to think of the answer before you call on someone. Wait three to five seconds. "I'm waiting until everyone has thought about it." "I'm waiting for more hands." Don't always call on the first person to raise his or her hand.

15. Give feedback. Compliment students on their correct answer, or gently correct the answer. Never make fun of a student. It isn't nice, and it will cause others not to want to talk.

> If an answer is wrong, applaud the student for being courageous, thank them for letting you know that probably many students don't understand the point, and say that you appreciate the opportunity to go over it again.

16. If you are doing a long session, take breaks. Have students stand up and move around every twenty to thirty minutes.

17. Break your students up into smaller groups to work together if you can. One way to do this is to have them count off by twos, threes, fours, etc., and then go together with

other of their same number. Don't let them take advantage and waste time. Be quick and crisp.

18. Don't say "you" need to get symptoms checked out, etc. Say "a person who suspects that he or she may have an STD. . ."

19. Some people find this a very embarrassing subject. Be very matter-of-fact. **It is our job to help our audience become more comfortable with talking about sex. Perhaps our most important job!**

20. Be aware of your facial expressions, especially in response to a sensitive question.

21. If you are asked an opinion question, you might want to use this pattern to answer:
"For some. . ."
"For others. . ."
"For you, you chould talk to an adult you trust to help you decide."
For example: "What age do you think is old enough to have sex?"
A possible answer:
"For some people, if they've been in a long relationship they might feel ready."
"For others, they may have decided that they will wait until they are married."
"For you, you chould talk to your family, or a teacher or pastor, to help you make up your mind what is right for you."

22. Be sure anonymous questions stay anonymous. See #10 in ground rules.

23. Learn from your colleagues. Write down good ideas that you see.

24. Ask for feedback from your colleagues, from classroom teachers, and from members of your audiences. Always strive to improve your teaching.

25. Encourage students to ask questions using whatever vocabulary they know. Answer using correct terminology. Have students use correct vocabulary after that.

26. Post correct vocabulary and definitions on board if possible.

27. Check often for understanding (and do something about it right away).
a. Ask questions frequently:
b. "Exit ticket": Students must write the answer to a simple review question on a scrap of paper (no names) and hand it to you on their way out the door. See how they do, and address any problems in the next session.
c. "Take a stand": Have students declare their agreement or non-agreement with an answer by standing (or raising their hand).
d. Call and response": There are many ways to use this. One is to have the entire class repeat when a student gives a correct (short!) answer. This rewards the student and reinforces the correct answer.

28. People have different learning styles. The three main styles are auditory (listening/hearing), visual (seeing) and kinesthetic (moving/doing/practicing). Teach to ALL of your students by doing all of these things yourself – speak, write, draw pictures, gesture, move – and having them do all of these things.

29. Give your students time to complete written work without embarrassment.

Examples of checking for understanding

You: "What does HIV stand for?"
Student: "Human Immuno Virus"
You: "Class, is that right? Put your hand up if you think it's completely correct."…"Who can help her?" (next student: "Human Immunodeficiency Virus") "Excellent. That's right. Everyone, what does HIV stand for?" (entire class repeats)
You: "Is a condom 100% effective protection against HIV?"
Student: "No."
You: "Really? Class is she right? Raise your hand if you think a condom is NOT 100% effective." (most or all raise hand)
You: "Good! Class, what IS 100% effective?"
Class: "Abstaining!"
You: "Good!"

More information: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TEACHING WITH A PARTNER*

Meet before the session.

- Review the schedule, location, number of students, content, etc.
- Assign responsibilities – who will talk about what and who will bring what.
- Identify how and when to intervene during the session (to help or correct each other).
- Identify what is expected of the supporting teacher while the other teacher is on.

Make each other look great during the session.

- Be supportive and encouraging.
- Stay mentally alert so you can assist when necessary.
- Stick to your agreements and ground rules.
- Take care with corrections of each other in front of the group.
- Use the advantage of two for modeling, role playing, acting, debating two viewpoints, etc.
- Show mutual respect, demonstrate listening, and display nonverbal agreement.
- Provide relief if your partner is having a difficult day or is under the weather.
- Take care that you do not appear to have an exclusive club of your own.

Provide feedback to each other following the session.

- Provide professional critiques that include more positive comments, but also include areas for improvement.
- Identify areas in the training materials, content or delivery that should be changed or improved, and forward them to Kathy (ktbus@sbcglobal.net).
- Remember to use supportive communication, listening, and feedback skills. You will grow professionally and benefit from the opportunity to interact with another teacher who has a different style, personality, pace and viewpoint.

*ASTD Training Certificate Program, 2004, p. 4-25

TEACHING SKILLS CHECKLIST

√	
	1. Good eye contact
	2. Clear and loud enough voice
	3. Information was well organized
	4. Information was factually correct
	5. Asked the class questions
	6. Waited 3-5 seconds before taking an answer
	7. Gave positive feedback
	8. Corrected wrong answers kindly but clearly
	9. Answered questions
	10. Tried one interesting new technique (finger snapping; ask students to write a test question; etc.)

A. Strengths of this presentation:

1: _____

2: _____

3: _____

B. Suggestions for improvement of this presentation:

1: _____

2: _____

3: _____

PRESENTATION CHECKLIST BEFORE SCHEDULING

1. date, time and location – are two educators available?
2. approximate cost of transport and food – can we afford it?
3. is it possible that the inviting group will pay a stipend toward expenses?
4. get all details for presenters: contact person at group; number in audience, etc.
5. assign someone to be responsible for all follow-up

CHECKLIST FOR EDUCATORS

know before you go!

1. time, location and directions; phone number of a contact person at the site
2. type of audience – upper primary, high school, HIV support group, chief's baraza...
3. age, gender, number of audience members
4. how much time are you allocated?
5. what materials are available?
    a. blackboard? chalk?
    b. do the audience members have writing materials?
    c. is there paper for anonymous questions (if appropriate)?
6. will you be fed? if not, will you bring food or buy it nearby?
7. where are the toilets?
8. what transport will you take? how long will it take? what are your precautions if it rains?
9. who is your teaching partner? see "teaching with a partner" p. 37; divide up the subject areas
10. **bring as appropriate**: (and decide who is in charge of bringing what)

male condoms, female condoms; wooden penis; green bananas, courgettes or carrots; writing paper; pens or pencils; chalk; concurrency flipbooks; ETR flipcharts; ETR brochures; box or bag for anonymous questions; laminated checklist for condom instruction and teaching checklist

Other:

_____

_____

_____

SAMPLE 2-HOUR GUEST LECTURE LESSON PLAN

I. **Intro** (5 mins)
Who we are, what we are going to teach

II. **HIV/AIDs, other STDs** (20-30 mins)
a. What HIV/AIDs is, how it is and isn't transmitted
b. How to stay healthy if HIV+. Other STDs
c. Other STDs

2-3 minute break

III. **Reproductive Anatomy** – use flipchart (15-20 mins)

IV. **Abstain** (10-15 mins)
a. Why
b. How

V. **Be Faithful** (15-20 mins)
Why – use sexual concurrency flipbook

2-3 minute break

VI. **Use Condom**s (20-30 mins)
a. Why
b. Demonstrate

VII. Time for Questions
(Take anonymous questions if that is your plan – be sure to send answers back to group)

****During breaks:**

1. If appropriate, encourage use of bathrooms.
2. Could do small physical exercises – touch toes, jumping jacks, walk around room twice, swing arms in air, etc. Be aware that girls may be menstruating without sufficient protection.
3. Could do deep breathing with eyes closed, standing.
4. Could sing and/or dance.
5. Other, of your choice. Just important to keep everyone awake, focused, and energetic.

LONGER SAMPLE LESSON PLAN

I. **Intro** (5 mins)
Who we are, what we are going to teach

STD game with coloured cards

II. **HIV/AIDs, other STDs** (20-30 mins)
a. What HIV/AIDs is, how it is and isn't transmitted
b. How to stay healthy if HIV+.

2-3 minute break

III. **Reproductive Anatomy** – use flipchart (15-20 mins)
pregnancy exercise
menstruation activity

IV. **Abstain** (10-15 mins)
a. Why
b. How
c. "What is love?"
• ***refusal and delay skills/role play***
• *ETR concurrency exercise*

★Skill Building★

V. **Be Faithful** (15-20 mins)
Why – Use sexual concurrency flipbook.

2-3 minute break

Role play using skills

★Skill Building★

VI. **Use Condoms** (20-30 mins)
a. Why
b. Demonstrate

Have a student demonstrate after you do it.
Have class use checklist.
Role play using skills.

★Skill Building★

VII. Time for Questions
(Take anonymous questions if that is your plan – be sure to send answers back to group.)

Divide students into small groups to design possible test questions. Pass question to next group to answer. Each group reports back to entire class.

Observer Checklist for Role Plays

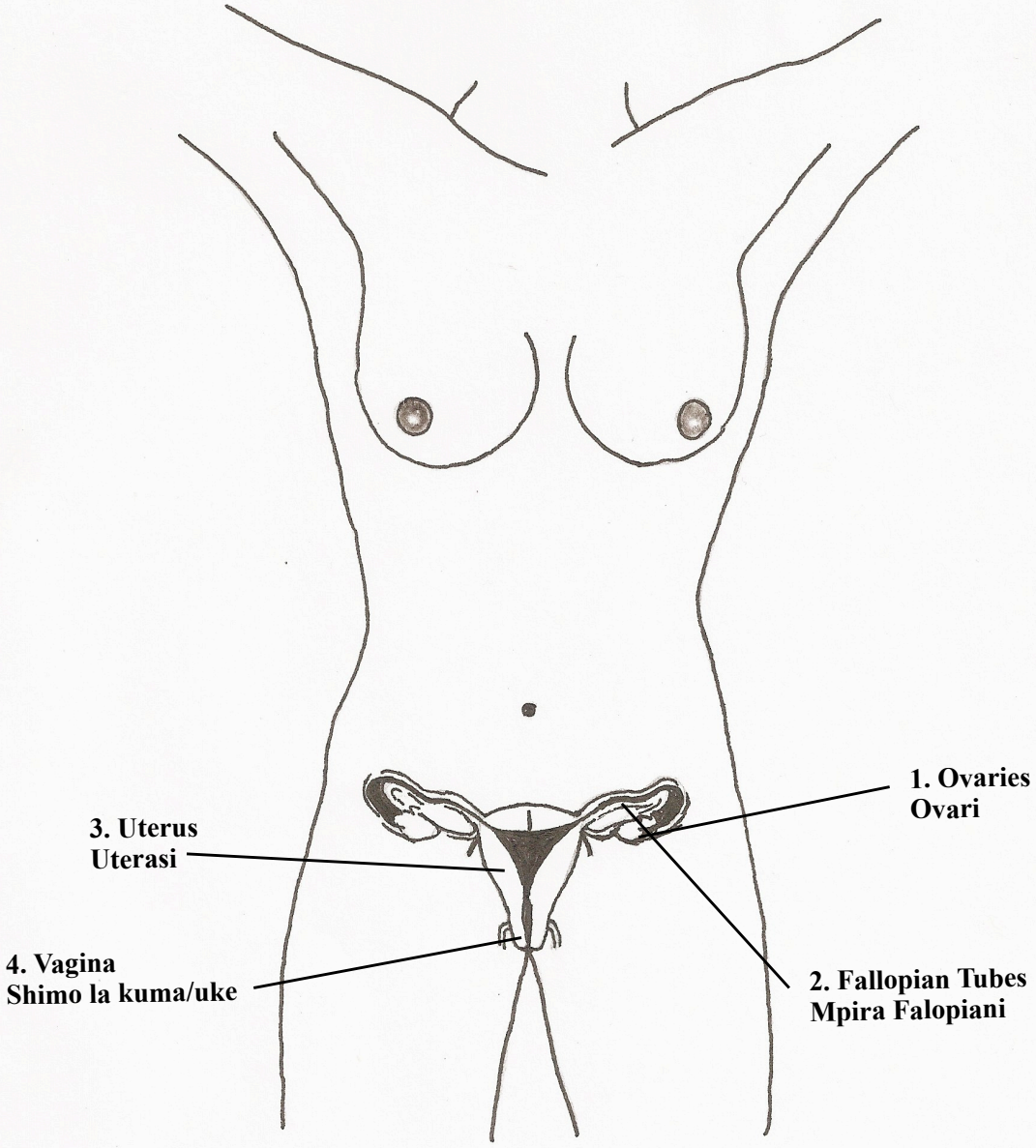
	Role Play #					
REFUSALS	**1**	**2**	**3**	**4**	**5**	**6**
Said “NO”						
Body Language Said “NO”						
Repeated Refusal						
Suggested Alternative						
Built the Relationshop						
DELAYING TACTICS						
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the situation Quickly						
Built the relationship						

Also think about the aggressor: how did s/he do?
Ask how it felt to play each of the roles.

Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV, 5th Edition, Richard P. Barth, ETR Associates,2011, p, 213

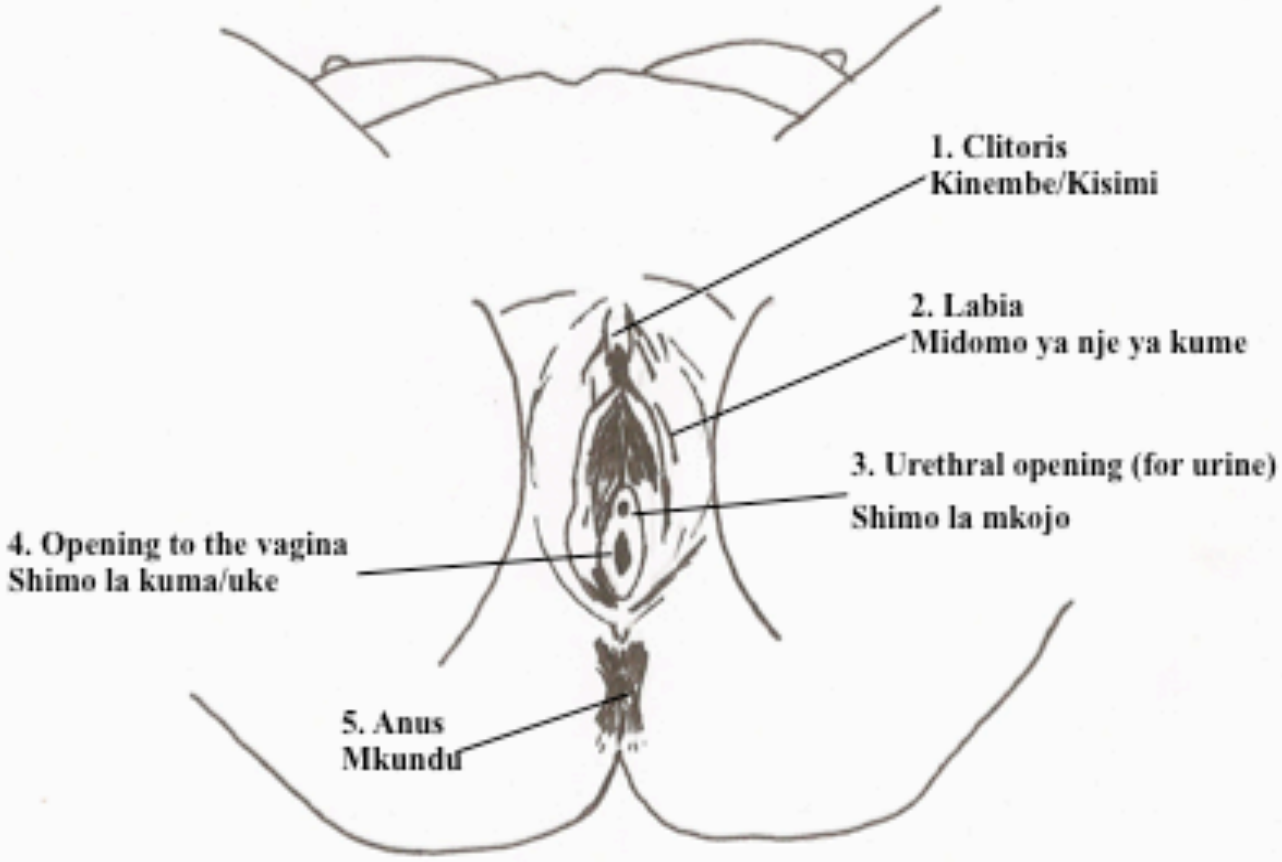
This is a drawing of a woman's internal reproductive organs

Female Sexual Anatomy



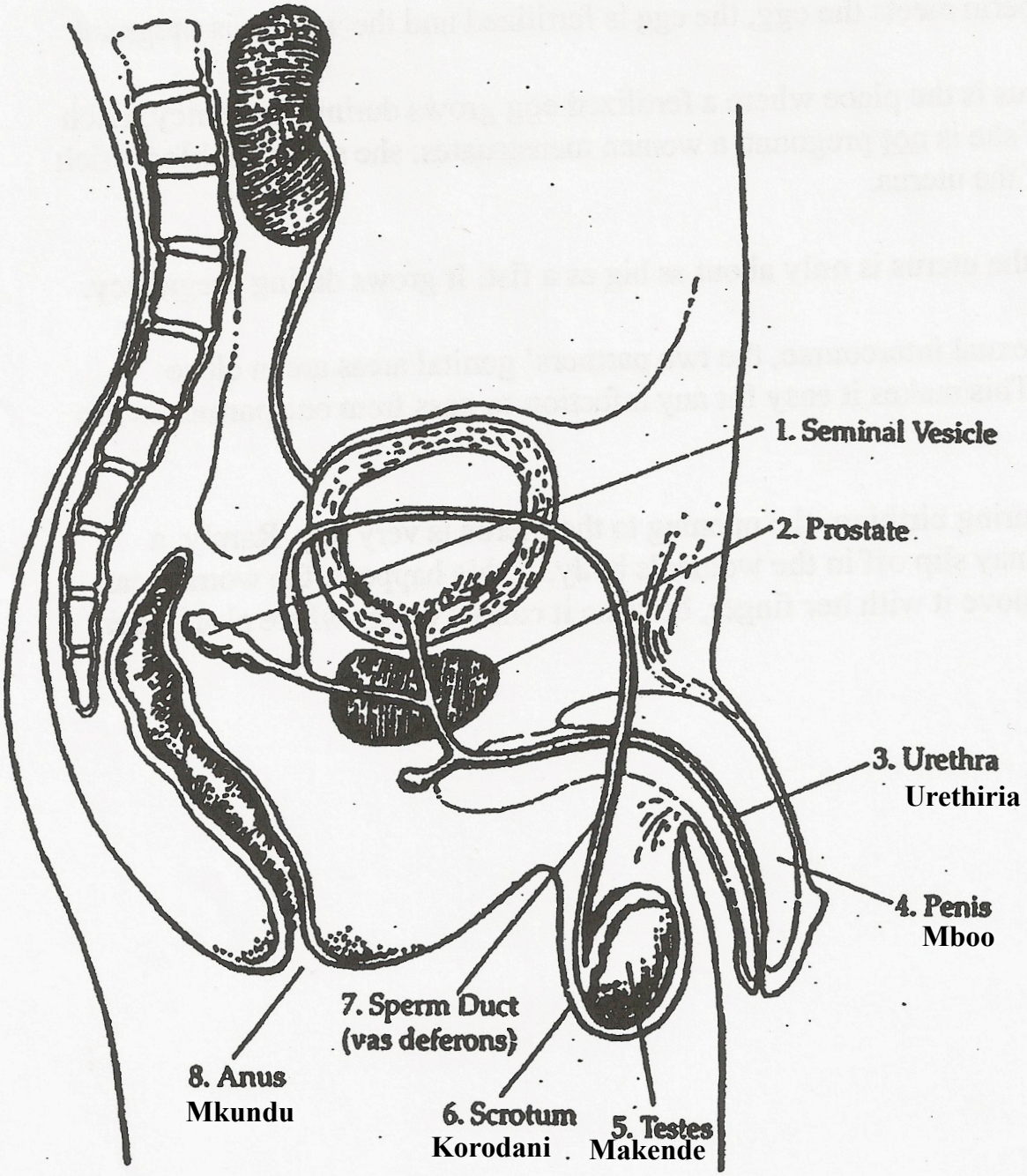
This is a drawing of a woman's external genital area

Female Sexual Anatomy
External Organs



Men's Reproductive Organs

Male Sexual Anatomy



PROTEIN

Your muscles, organs (liver, kidney, heart, skin. . .), and immune system are mostly made up of protein. Without enough protein, children can develop kwashiorkor (big belly form of malnutrition). We all need enough protein for proper body and brain development. People who are HIV+ especially need a high-protein diet, because it strengthens the immune system.

Excellent sources of protein: all animal proteins (meat, fish, poultry, milk, cheese, and eggs) and also soya beans and moringa leaves.

Very good sources of protein: legumes (beans, lentils, peas, groundnuts), nuts and seeds.

Good sources of protein: grains, especially from amaranth seeds, also wheat, rice, maize, millet, etc.

Green leafy vegetables, such as kunde, sukumawiki, pumpkin leaves, and spinach have *some protein* and are very very important for their vitamins.

Variety! Of course we still should have fruits and vegetables every day. They give us important vitamins and minerals. Examples are bananas, avocados, oranges, tomatoes, carrots, orange-fleshed sweet potatoes, courgettes, etc.

BREASTFEEDING

SUBSTITUTE RECIPE FOR BREAST MILK IF NO PURCHASED FORMULA IS POSSIBLE: For infants from birth to about 6 months who cannot be breastfed or get formula:

Grind together:

- sorghum
- beans
- soybeans- (only if processed correctly. Boil 45 minutes, putting in slowly, drain, dry.)
- omena (small fish – dried)
- groundnuts
- dried sweet potato
- dried cassava
- dried millet (wimbi)
- dried stinging nettle

add pure (boiled) water enough to cook into a thin porridge-boil 20-30 minutes.

Do not give cow's milk until the infant is at least one year old!

Babies under one year old who get cow's milk don't get enough vitamin E, iron, and essential fatty acids. They also get too much protein, sodium and potassium. Cow's milk protein and fat are hard for babies to digest, and some babies have cow's milk allergies.

BREASTFEED *EXCLUSIVELY*

If an HIV+ woman is breastfeeding her baby, she must breastfeed **exclusively**. This means **only** breast milk. Not a bite of banana or rice or anything else. No extra water – if it is hot outside breastfeed more often. Be sure that any househelp, grandparents, aunties, etc., who might give your baby food when you're not there know that they **MUST NOT** give your breastfeeding baby food. This can be a difficult conversation to have but it is very important.

HIV+ mothers should switch to food when the baby is **six months old**, and **stop breastfeeding immediately**. Give the baby (safe, boiled) water to drink and nutritious food. The breast milk substitute above can be fed at any age. Do not give the breast again once you have started feeding the baby regular food!

Babies in Kenya can develop mouth sores when they eat regular food, and this makes it more likely that the baby can get the virus from its mother when it breastfeeds.

The mother should be sure to consult her doctor or nurse about the baby's progress and about the mother's ARV compliance, and be tested regularly to check her viral load.

HIV Prevalence of young Luo-Nyanza women and men, by age group

Age Group	% HIV Positive	
	Women	Men
15-19	15.7	2.7
20-24	17.4	8.5
25-29	34.2	28.7
30-34	31.3	29.4
TOTAL	22.3	12.5

from Mojola, Sanyu A. 2014. *Love, Money, and HIV: Becoming a Modern African Woman in the Age of AIDS.* University of California Press. Source: KDHS (Kenya Demographic and Health Survey) 2010

• How does the age of the man that a woman has unprotected sex with affect her chances of getting HIV?

• What are some reasons why more women than men have HIV at every age group?